24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Minuteman Press	oate
Mailing Address 1249 N. Clybourn Ave	02 / 11 / 2013
	mount
City State Zip Code Chicago IL 60610	1594.00
Тга	ansaction ID : SE.13975
Purpose of Expenditure Printing Category/ Type Office S	Senate District: 02
Name of Federal Candidate Supported or Opposed by Expenditure:	President
DEBORAH L HALVORSON Check	One: Support Oppose
Calefidal Fedi-10-Date Fel Election	ement For: Primary General Other (specify) Special-Primary
Full Name (Last, First, Middle Initial) of Payee Minuteman Press	Oate Page 1
Mailing Address 1249 N. Clybourn Ave	02 / 11 / 2013
	mount
City State Zip Code Chicago IL 60610	1594.00
Purpose of Expenditure Category/ Printing Type	ansaction ID : SE.13976 Sought: House State: IL Senate District: 02
Name of Federal Candidate Supported or Opposed by Expenditure:	President — 02
TOI HUTCHINSON Check	One: Support Oppose
3188 00 2013	ement For: Primary General Other (specify) Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3188.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3188.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date 02	
[Electronically Filed] Date 02	11 2013